



## INDIVIDUAL VISION COVERAGE

### Choice Series With Lens Options Vision Plan Offered through VSP

	<b>Plan A</b>	<b>Plan B</b>	<b>Plan C</b>
<b>Examination</b>	12 Months	12 Months	12 Months
<b>Lenses</b>	24 Months	12 Months	12 Months
<b>Frame</b>	24 Months	24 Months	12 Months
	<b>Annual Premium</b>	<b>Annual Premium</b>	<b>Annual Premium</b>
	<b>Plan A</b>	<b>Plan B</b>	<b>Plan C</b>
	<b>\$20/\$20 Copay</b>	<b>\$20/\$20 Copay</b>	<b>\$20/\$20 Copay</b>
Individual	\$ 180.64	\$ 190.96	\$ 232.12
Individual + One	\$ 242.20	\$ 256.84	\$ 315.28
Family	\$ 407.56	\$ 433.84	\$ 443.08

**\$40 Administration Fee is Included in the Annual Premium**

**Rates Guaranteed through March 31, 2024**